



UPDATE TO SLIDING FEE DISCOUNT SCHEDULE

February 2022

Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement



HEALTH AND HUMAN SERVICES
(HHS)



HEALTH RESOURCES AND
SERVICES ADMINISTRATION
(HRSA)



OTHER PASS-THROUGH GRANTS

Tied to Federal Poverty Guidelines

The Sliding Fee Schedule is tied to the Federal Poverty Guidelines published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 12, 2022

2022 Rates reflects the 4.7% increase to the CPI-U from Calendar Year 2020 and 2021

- After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

Primary Care

Sliding Fees
range from
\$20 to \$55

Full Charge for
incomes 200%
above FPG

Family Planning

Sliding Fees
range from
\$0 to \$60

Full Charge for
incomes 250%
above FPG

Sexual Health Clinic

Sliding Fees
range from
\$20 to \$60

Full Charge for
incomes 250%
above FPG

Ryan White

Sliding Fees
range from
\$0 to \$55

Full Charge for
incomes 200%
above FPG

Ryan White Limits

Equal to and below 100% - No Charge to Patients

Over 100% up to and equal to 200% of FPG, patient pays no more than 5% of their total income

Over 200% and up to and equal to 300% of FPG, patient pays no more than 7% of their total income

Over 300% of FPG, patients pay no more than 10% of their total income

Application for Sliding Fee Requires:

- Income Information – Must Provide Proof of Income to Determine the Sliding Fee Scale Level
 - Income Status, Employment Status, Homeless, or Self-Employed
 - Patient and/or Partner Weekly Income Before Taxes
 - Living With Parents
- Identify All Other Types of Income, Such As:
 - Alimony
 - Child Support
 - Social Security, etc
- How Many People are Supported by This Income?

% of Poverty Level	100%	
Program Code	P-0	
Family Size	Equal to or Between	
1	0	\$ 13,590
2	0	\$ 18,310
3	0	\$ 23,030
4	0	\$ 27,750
5	0	\$ 32,470
6	0	\$ 37,190
7	0	\$ 41,910
8	0	\$ 46,630

0-100% of
Federal Poverty
Guidelines

Primary Care	\$20
Family Planning	\$0
Sexual Health Clinic	\$20
Ryan White	\$0

% of Poverty Level	Over 100% to 150%	
Program Code	P-1	
Family Size	Equal to or Between	
1	\$ 13,591	\$ 20,385
2	\$ 18,311	\$ 27,465
3	\$ 23,031	\$ 34,545
4	\$ 27,751	\$ 41,625
5	\$ 32,471	\$ 48,705
6	\$ 37,191	\$ 55,785
7	\$ 41,911	\$ 62,865
8	\$ 46,631	\$ 69,945

100-150% of Federal Poverty Guidelines

Primary Care	\$35
Family Planning	\$35
Sexual Health Clinic	\$35
Ryan White	\$35
*No more than 5% of patient's gross annual income	

% of Poverty Level	Over 150% to 175%	
Program Code	P- 2	
Family Size	Equal to or Between	
1	\$ 20,386	\$ 23,783
2	\$ 27,466	\$ 32,043
3	\$ 34,546	\$ 40,303
4	\$ 41,626	\$ 48,563
5	\$ 48,706	\$ 56,823
6	\$ 55,786	\$ 65,083
7	\$ 62,866	\$ 73,343
8	\$ 69,946	\$ 81,603

150-175% of Federal Poverty Guidelines

Primary Care	\$45
Family Planning	\$45
Sexual Health Clinic	\$45
Ryan White	\$45
*No more than 5% of patient's gross annual income	

% of Poverty Level	Over 175% to 200%	
Program Code	P-3	
Family Size	Equal to or Between	
1	\$ 23,784	\$ 27,180
2	\$ 32,044	\$ 36,620
3	\$ 40,304	\$ 46,060
4	\$ 48,564	\$ 55,500
5	\$ 56,824	\$ 64,940
6	\$ 65,084	\$ 74,380
7	\$ 73,344	\$ 83,820
8	\$ 81,604	\$ 93,260

175-200% of Federal Poverty Guidelines

Primary Care	\$55
Family Planning / Sexual Health Clinic	\$55
Sexual Health Clinic	\$55
Ryan White	\$55
*No more than 5% of patient's gross annual income	

% of Poverty Level	Over 175% to 200%	
Program Code	P-3	
Family Size	Equal to or Between	
1	\$ 23,784	\$ 27,180
2	\$ 32,044	\$ 36,620
3	\$ 40,304	\$ 46,060
4	\$ 48,564	\$ 55,500
5	\$ 56,824	\$ 64,940
6	\$ 65,084	\$ 74,380
7	\$ 73,344	\$ 83,820
8	\$ 81,604	\$ 93,260

Primary Care 200%+
of Federal Poverty
Guidelines

Primary Care	Full charges
Family Planning	\$60
Sexual Health Clinic	\$60
Ryan White	Full charges
*No more than 7% of patient's gross annual income may be charged each calendar year	

Family Planning &
Sexual Health Clinic
200%+ of Federal
Poverty Guidelines

% of Poverty Level	Over 200%		
Program Code	P-4 Over 200% to 250%		P-5 Over 250% FP
Family Size	Equal to or Between		Equal to or Above
1	\$ 27,181	\$ 33,975	\$ 33,976
2	\$ 36,621	\$ 45,775	\$ 45,776
3	\$ 46,061	\$ 57,575	\$ 57,576
4	\$ 55,501	\$ 69,375	\$ 69,376
5	\$ 64,941	\$ 81,175	\$ 81,176
6	\$ 74,381	\$ 92,975	\$ 92,976
7	\$ 83,821	\$ 104,775	\$ 104,776
8	\$ 93,261	\$ 116,575	\$ 116,576
Family Planning	\$60		Full Charges
Sexual Health Clinic	\$60		Full Charges

Ryan White 200%+ of Federal Poverty Guidelines

% of Poverty Level	Ryan White - Over 200%+		
Program Code	P-4 Over 200% to 300%		P-5 Over 300%+
Family Size	Equal to or Between		Equal to or Above
1	\$ 27,181	\$ 40,770	\$ 40,771
2	\$ 36,621	\$ 54,930	\$ 54,931
3	\$ 46,061	\$ 69,090	\$ 69,091
4	\$ 55,501	\$ 83,250	\$ 83,251
5	\$ 64,941	\$ 97,410	\$ 97,411
6	\$ 74,381	\$ 111,570	\$ 111,571
7	\$ 83,821	\$ 125,730	\$ 125,731
8	\$ 93,261	\$ 139,890	\$ 139,891
Ryan White	Full Charges *No more than 7% of patient's gross annual income may be charged each calendar year		Full Charges *No more than 10% of patient's gross annual income



Last year we changed from a % of charges for the sliding fee to a flat rate for patients in the sliding fee program.



Prior to this change we were collecting 42% of what was owed to us for self pay patients.



After the change to a flat rate; we are now collecting 83% of what is owed for self pay patients.

Sliding Fee Flat
Rate verses, a
% of charges

Update

Questions?